

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710830

FILED
Apr 18, 2009
Secretary of State

Entity Name: CLEARWATER FLORIDA, COMPANY OF JEHOVAH'S WITNESSES, INC.

Current Principal Place of Business:

1745 WESTON DRIVE
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

1745 WESTON DRIVE
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-2849782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEARWATER FLORIDA COMPANY OF JEHOVAH'S WI
1745 WESTON DRIVE
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOONCE, ATHENS
Address: 1500 BARBARA AVENUE
City-St-Zip: CLEARWATER, FL 33755 US

Title: VP () Delete
Name: CAMPLOI, ORLANDO
Address: 1823 SYLVAN DRIVE
City-St-Zip: CLEARWATER, FL 33755 US

Title: ST () Delete
Name: CRUM, GERALD
Address: 2684 3RD AVENUE NORTH
City-St-Zip: CLEARWATER, FL 33759 US

Title: D () Delete
Name: DIPAOLO, GINO
Address: 1869 BELLMEADE DRIVE
City-St-Zip: CLEARWATER, FL 33755 US

Title: D () Delete
Name: WILLIAMS, BRADLEY
Address: 1785 PINELAND DRIVE
City-St-Zip: CLEARWATER, FL 33755 US

Title: D () Delete
Name: MORROW, JAMES
Address: 1309 WOODBINE STREET
City-St-Zip: CLEARWATER, FL 33755 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ATHENS KOONCE

PD

04/18/2009

Electronic Signature of Signing Officer or Director

Date